

MAR 22 2011

Amendment Transmittal Letter

Docket Number

ASICS 3.0-033

Address To
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Title of Invention

SOLE WITH REINFORCEMENT STRUCTURE

First Named Inventor	KUBO
Application No.	10/562,564
Filing Date	December 27, 2005
Examiner	Prange, Sharon
Art Unit	3728

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

☐ Applicant claims Small Entity Status. See 37 CFR 1.27.

Fee Calculation

Claims as Amended

For	#Filed	#Previously Paid For	#Extra	Rate	Fee
Total Claims	19	- 20 =		x 52 =	
Total Indep. Claims	3	- 3 =		x 220 =	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
TOTAL					\$0

Method of Payment

☐ Deposit Account ☒ Credit Card ☐ Check ☐ Money Order ☐ Other: _____

Deposit Account Number _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- ☐ Charge the fee(s) set forth above
☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
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Amount Grand Total

\$0

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Correspondence Address

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I hereby certify that this Amendment, accompanying documents, and fee (if appropriate) are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on the date indicated below:

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I hereby certify that this Amendment, accompanying documents, and fee (if appropriate) authorization are being facsimile transmitted to the United States Patent and Trademark Office on the date indicated below:

03/22/2011

Michael E. Zall

(Date of Transmission)

(Name of Person Transmitting Correspondence)

(Signature of Person Transmitting Correspondence)

Signature Instructions

Select the name of the person who will electronically sign the Amendment from the drop-down box below.

If a practitioner is not present in the drop-down list, you must close this form and select 'Add Practitioner...' in the Form Manager's Utility menu.

Verify that the signatory information is correct and press the 'eSign' button to electronically sign the submission. If you prefer to sign the form manually, simply do not click the 'eSign' button; just print and manually sign.

Signatory Drop-Down Box

Name	Michael E. Zall		Registration Number	27,023
Signatory Capacity	Attorney for Applicant	E-mail Address	mike@Zall-Law.Com	
<input type="button" value="eSign"/>	Date Signed			03/22/2011